CMS

I L L I N O I S Pat Quinn, Governor

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

Malcolm Weems, Director

December 17, 2012

State Member Name
Address 1
Address 2
City, State Zip

URGENT – RESPONSE REQUIRED

Dear Member:

Our records indicate that you and your covered dependents, if any, are currently enrolled in Health Alliance Illinois under the State of Illinois health plan. We regret to inform you that Health Alliance Illinois will no longer be available to State of Illinois members after January 31, 2013.

Due to Health Alliance Illinois no longer being available, Health Alliance Illinois members must choose another managed care health plan or the Quality Care Health Plan; therefore, a Special Enrollment Period will be held from now through January 31, 2013, for these impacted members.

Please refer to the enclosed map and rate sheet regarding the health plans available and to review the cost of coverage. The information is also available on our website at www.benefitschoice.il.gov. If you are electing an HMO plan, you should contact the HMO plan to ensure the primary care physician (PCP) in which you are interested is in the plan's network. **Contacting the HMO plan directly will give you the most current information.** You should also contact the PCP's office to verify they are accepting new patients before making your election. Please note that you will not be responsible for satisfying the prescription deductible if you have already satisfied it with Health Alliance Illinois for the current plan year.

The Special Enrollment form on the back of this letter must be completed and returned to your group insurance representative (GIR) no later than January 31, 2013. The effective date of your new health plan will be February 1, 2013. **Failure to choose another health plan by January 31, 2013, will result in our office automatically enrolling you in the Quality Care Health Plan.**

If you have any questions or concerns, please contact your agency GIR indicated on the back of this letter.

Bureau of Benefits, Group Insurance Division
801 S. 7th Street, P.O. Box 19208, Springfield, IL, 62794-9208
Printed on Recycled Paper

Special Enrollment Period for Health Alliance Illinois Members

Member Name: **SSN: xxx-xx-******

As stated in the letter, members enrolled in Health Alliance Illinois must select a new health plan. You must complete and return this form to your agency group insurance representative (GIR) no later than January 31, 2013. This new election will be effective February 1, 2013. Please note, you cannot add or drop dependents or enroll in the Flexible Spending Accounts (FSA) Program during this Special Enrollment Period. **You may only change your health plan.**

- If you are electing an HMO, you must complete the **Health Plan Election and Primary Care Physician Election** sections below indicating a primary care physician (PCP) for you and each of your dependents. BlueAdvantage HMO and HMO Illinois plans also require the physician medical group number.
- If you elect the Quality Care Health Plan (QCHP), HealthLink OAP or Coventry OAP, you need only indicate the desired health plan in the **Health Plan Election** section below.

Health Plan Election (select one – if you are electing an HMO, ensure the option you elect is available in your area).

_____ **BlueAdvantage HMO** _____ **Coventry Open Access ***

_____ **Coventry HMO** _____ **HealthLink Open Access ***

_____ **HMO Illinois** _____ **Quality Care Health Plan (QCHP) ***

_____ **Health Alliance HMO**

* If you elect one of these carriers, you do **not** need to complete the **Primary Care Physician Election** section below.

Primary Care Physician Election (only complete this section if you elected an HMO)

Member Name	Primary Care Physician Name	Provider Identifier	Medical Group #
Dependent(s) Name	**Primary Care Physician Name**	**Provider Identifier**	**Medical Group #**

I authorize premiums to be deducted for the plan I have selected. I understand that it is my responsibility to review my paycheck and verify insurance deductions are accurate and if my deductions are not correct, I must immediately contact my group insurance representative (GIR). I agree to abide by all Group Insurance Program rules.

Member Signature _____ Date _____

GIR Signature _____ Date _____

Please return this form to:

GIR Name
GIR Address
GIR City, State, Zip
GIR Phone and Fax #'s

Health Plans by Illinois County

Effective February 1 – June 30, 2013

Refer to the code key below for the health plan code for each plan by county.

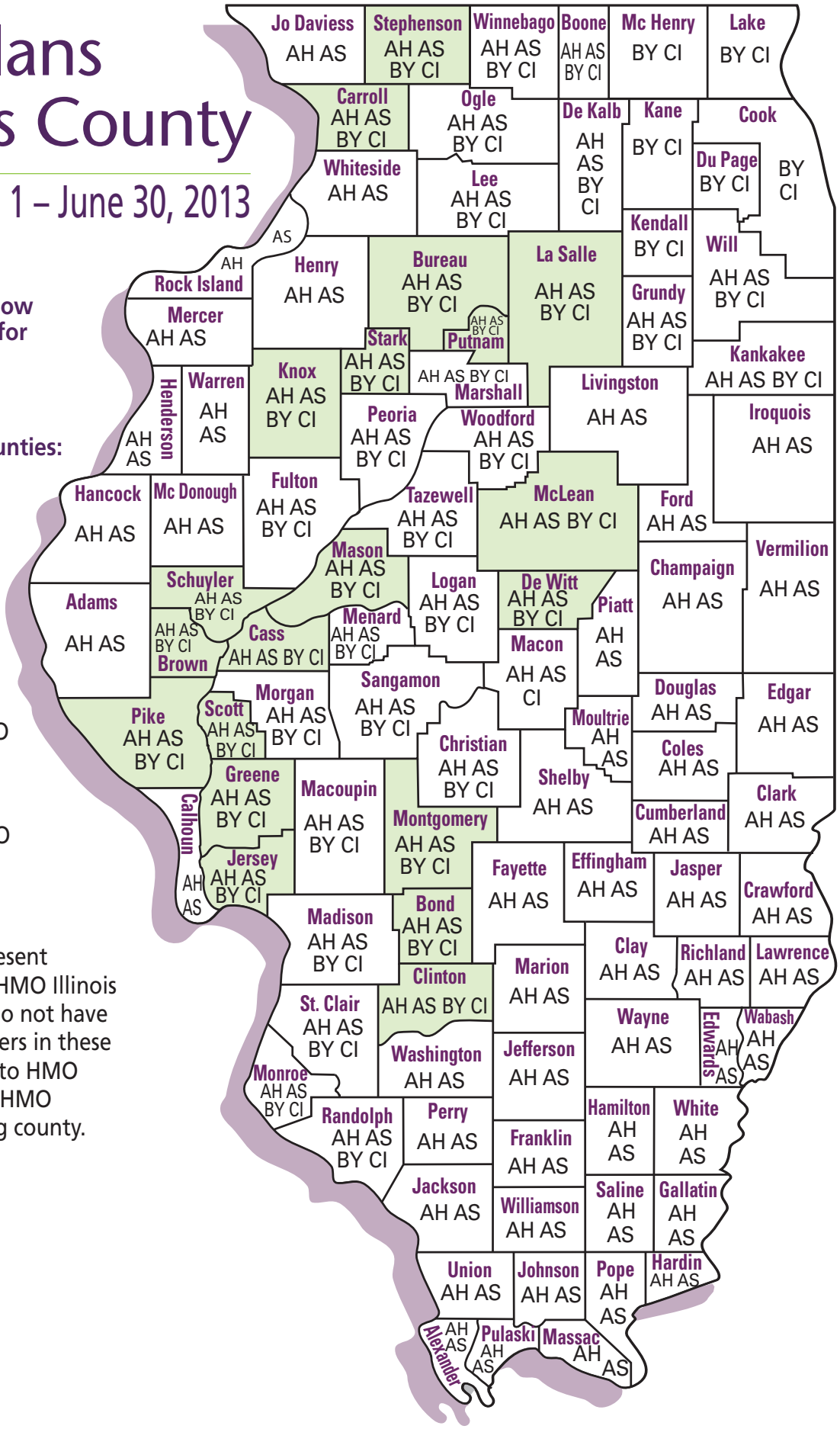
The following plans are available in all Illinois counties:

CH – Coventry OAP
CF – HealthLink OAP
D3 – Quality Care Health Plan (QCHP)

The following plans are available in the counties indicated on the map:

AH – Health Alliance HMO
AS – Coventry HMO
BY – HMO Illinois
CI – BlueAdvantage HMO

Shaded areas represent counties in which HMO Illinois or BlueAdvantage HMO do not have provider coverage; members in these counties may have access to HMO Illinois or BlueAdvantage HMO providers in a neighboring county.



State Employees' Group Insurance Program Member and Dependent Premiums

Member and dependent premiums for each health plan available to State of Illinois members are listed below. Please note that members who change from a managed care plan to the Quality Care Health Plan (QCHP), or vice versa, will have a different member monthly contribution. Dependent rates are listed under the member contribution rates below.

Members can view their current health insurance benefit information online by going to **www.benefitschoice.il.gov** and clicking on 'State Employee Benefits,' then 'Group Insurance Benefits and Programs, ' then 'Benefit Statements'. Members who have not previously logged into the Benefit Statement program will need to register in order to view the statement.

Employee Monthly Contribution

The contribution rates indicated below pertain to full-time employees. Part-time employee should contact their agency GIR for their premium since the rates are based on work schedule percentage. Retiree, annuitant and survivor premiums are based on years of creditable service. Retirees, annuitants and survivors should contact the retirement system for their contribution amount.

Employee Annual Salary	Full-time Employee Monthly Health Plan Contributions	
$30,200 & below	Managed Care: $47.00	Quality Care: $72.00
$30,201 - $45,600	Managed Care: $52.00	Quality Care: $77.00
$45,601 - $60,700	Managed Care: $54.50	Quality Care: $79.50
$60,701 - $75,900	Managed Care: $57.00	Quality Care: $82.00
$75,901 & above	Managed Care: $59.50	Quality Care: $84.50

Dependent Monthly Health Plan Contributions

Health Plan Name and Code	One Dependent	Two or more Dependents	One Medicare A and B Primary Dependent	Two or more Medicare A and B Primary Dependents
BlueAdvantage HMO (Code: CI)	$ 80	$110	$ 75	$110
Coventry HMO (Code: AS)	$ 92	$130	$ 88	$130
Coventry OAP (Code: CH)	$ 92	$130	$ 88	$130
Health Alliance HMO (Code: AH)	$ 94	$133	$ 89	$133
HealthLink OAP (Code: CF)	$105	$149	$102	$149
HMO Illinois (Code: BY)	$ 83	$116	$ 79	$116
Quality Care Health Plan (Code: D3)	$196	$226	$142	$203

Note: Premiums for non-IRS dependents can be found at **www.benefitschoice.il.gov**. Once there, click on 'State Employee Benefits,' then 'Group Insurance Benefits and Programs, then 'Rates and Calculators'.